



## DEPARTMENT OF THE NAVY

NAVAL HOSPITAL

BOX 788250

MARINE CORPS AIR GROUND COMBAT CENTER

TWENTYNINE PALMS, CALIFORNIA 92278-8250

IN REPLY REFER TO:

NAVHOSP29PALMSINST 4110.1A

Code 0107

20 November 1996

### NAVAL HOSPITAL TWENTYNINE PALMS INSTRUCTION 4110.1A

From: Commanding Officer

Subj: COMMAND HAZARDOUS MATERIAL/HAZARDOUS WASTE (HM/HW)  
CONTROL AND MANAGEMENT PROGRAM

Ref: (a) OPNAVINST 4110.2  
(b) OPNAVINST 5090.1B  
(c) BUMEDINST 6270.8  
(d) OPNAVINST 5100.23D  
(e) 29 CFR 1910.1200  
(f) 29 CFR 1910.1450  
(g) CCO P5090.2B

Encl: (1) Naval Hospital Twentynine Palms Hazardous  
Material/Hazardous Waste Control and Management  
Program

1. Purpose. To publish policy, guidance and requirements for the life-cycle control and total quality management (TQM) of Hazardous Material and Hazardous Waste acquired, used and disposed of, by the Naval Hospital 29 Palms. Enclosure (1) provides the written program for the Naval Hospital Twentynine Palms.

2. Cancellation. NAVHOSP29PALMSINST 4110.1.

3. Background. Reference (a) requires all Navy activities to implement Hazardous Material Control and Management (HMC&M) to improve employee safety, reduce or eliminate potential occupational health hazards in the workplace, protect the environment, and reduce excess hazardous material (EHM) and hazardous waste (HW) disposal costs. Reference (b) discusses requirements, delineates responsibilities, and issues policy for managing environmental and natural resources for all Navy ships and shore activities. Reference (c) describes the procedures for obtaining health hazard risk assessments pertaining to operational use of HM. Reference (d) provides specific implementation guidance for occupational health and safety issues. Reference (e) addresses all aspects of a required hazard communication (HAZCOM) program including: Hazard determination, a written HAZCOM program, material safety data sheets (MSDS), hazardous chemical warning labels and other forms of warning, in

NAVHOSP29PALMSINST 4110.1A  
20 November 1996

addition to worker training programs. Reference (f) regulates occupational exposures to hazardous chemicals in laboratories and requires a chemical hygiene plan. Reference (g) outlines tenant responsibilities to the Marine Corps Air Ground Combat Center (MCAGCC) for managing and handling hazardous material and hazardous waste.

### 3. Policy

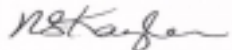
a. Naval Hospital 29 Palms activities and contractor personnel shall comply with all federal, state, and local codes and statutes related to HMC&M, and shall implement the Navy's HMC&M program as required by reference (a).

b. Command components shall aggressively pursue participation in HMC&M at all management and employee levels.

c. The use of HM and disposal of EHM/HW shall be minimized to the extent feasible by using nonhazardous substitutes, less hazardous substitutes, recyclable HM, or HM that result in HW that can be treated to reduce it to a nonhazardous waste or reduce its volume.

4. Recommendation. Recommendations concerning the contents of this instruction are invited. Such recommendations shall be forwarded to the Commanding Officer, Naval Hospital 29 Palms via the appropriate chain of command.

5. Applicability. This instruction is applicable to all Departments and facilities occupied by the Naval Hospital 29 Palms.



R. S. KAYLER

Distribution:  
List A

TABLE OF CONTENTS

<u>CONTENTS</u>	<u>PAGES</u>
CHAPTER 1 - GENERAL INFORMATION	
1001 - Definition of Terms	1-1
CHAPTER 2 - SPECIFIC RESPONSIBILITIES	
2001 - Responsibilities	2-1
2002 - Commanding Officer	2-1
2003 - Command Safety Specialist	2-2
2004 - Industrial Hygiene Officer	2-2
2005 - Head, Materials Management	2-3
2006 - HW/HM Handlers	2-4
2007 - Warehouse/Laboratory Personnel	2-4
2008 - Hazardous Material/Waste Control Committee	2-4
2009 - Purchasing and Contracting Personnel	2-4
2010 - Department Heads	2-5
2011 - Head, Training and Education	2-5
2012 - Supervisor, Central Files	2-5
CHAPTER 3 - HAZARD COMMUNICATION PROGRAM PLAN	
3001 - Purpose	3-1
3002 - Applicability and Scope	3-1
3003 - Policy	3-1
3004 - Program Operation	3-1
3005 - Training	3-3
3006 - Non-routine Tasks	3-4
3007 - Contractor Employers and Employees	3-5
3008 - Other Considerations	3-5
3009 - Action	3-6
CHAPTER 4 - CHEMICAL HYGIENE PLAN	
4001 - Purpose	4-1
4002 - Applicability and Scope	4-1
4003 - Responsibilities	4-1
4004 - Action	4-1

<u>CONTENTS</u>	<u>PAGES</u>
CHAPTER 5 - HAZARDOUS MATERIAL CONTROL AND MANAGEMENT (HMC&M)	
5001 - Background	5-1
5002 - Policy	5-1
5003 - Responsibilities	5-1
5004 - Safe use of HM	5-1
5005 - Acquisition of HM	5-2
5006 - Safe and Controlled Receiving, Distribution, Issuing and Shipping of HM	5-2
5007 - Storage of HM	5-3
Appendix A - Request for Hazardous Materials Approval	5-4
CHAPTER 6 - PROCEDURES FOR EXCESS HAZARDOUS MATERIAL TURN-IN AND HAZARDOUS WASTE DISPOSAL	
6001 - Policy	6-1
6002 - Action	6-1
6003 - Preparation and Submission of Forms for Turn-in	6-1
Appendix A - Request for Excess Hazardous Material Turn- in/Hazardous Waste Disposal	6-3
CHAPTER 7 - HAZARDOUS WASTE ACCUMULATION, STORAGE AND TRANSPORTATION	
7001 - Purpose	7-1
7002 - Hazardous Waste Identification by Location	7-1
7003 - Policy	7-2
7004 - Training	7-2
7005 - Identification of HW/EHW	7-3
7006 - Personal Protective Equipment	7-3
7007 - Containers	7-3
7008 - Inspections/Reports	7-3
Appendix A - Daily Inspection Report	7-4
Appendix B - Weekly Inspection Report	7-5

<u>CONTENTS</u>	<u>PAGES</u>
CHAPTER 7 - HAZARDOUS WASTE ACCUMULATION, STORAGE AND TRANSPORTATION (Cont.)	
Appendix C - Monthly Inspection Report	7-6
Appendix D - NREA Quarterly Hazardous Waste Report	7-13
Appendix E - Waste Identification Document	7-14
CHAPTER 8 - SPILL CONTINGENCY ACTION PLAN	
8001 - Purpose	8-1
8002 - Responsibility	8-1
8003 - Emergency Evacuation Procedures	8-1
8004 - Major Spill Contingency	8-1
8005 - Minor Spill Contingency	8-2
8006 - Containment and Clean up	8-3
Procedures for HM/HW Handlers	
Appendix A - Hazardous Substance Spill Decision Tree	8-5
Appendix B - Hazardous Substance Incident Report Log	8-6
Appendix C - Environmental Discharge Report	8-7

CHAPTER 1

GENERAL INFORMATION

1001. Definition of Terms

a. Chemical Manufacturer. An employer with a work place where chemicals are produced for use or distribution.

b. Container. Any bag, barrel, bottle, box, can, cylinder, drum, reaction vessel, storage tank, etc. that contains a HM. For the purposes of this section, pipes or piping systems, engines, fuel tanks, or other operations system in a vehicle are not considered containers.

c. Distributor. A business, other than chemical manufacturer or importer, which supplies HMs to other distributors or to employers.

d. Excess Hazardous Material (EHM). Any hazardous material that has not reached its shelf life and is not a hazardous waste. EHM can be stored and reutilized by other departments or be transferred to another unit for use there.

e. Employee. A worker (military or civilian) who may be exposed to HMs under normal operating conditions or in foreseeable emergencies.

f. Employer. A person engaged in a business where HMs are either used, distributed, or are produced for use or distribution, including a contractor or subcontractor.

g. Hazardous Chemical. Any chemical that is a physical hazard or a health hazard pursuant to reference (b) or as specified in the Community Right to Know Law of 1986 (Superfund Amendments and Reauthorization Act (SARA), Title III).

h. Hazardous Material (HM). Any material determined to be cancer causing, corrosive, toxic, irritating, sensitizing, or has damaging effects on specific body organs.

i. Hazardous Material/Hazardous Waste Handler. Individuals(military or civilian) within the Materials Management Department, assigned in writing by the CO, who are responsible

NAVHOSP29PALMSINST 4110.1A  
20 November 1996

for the collection, labeling, marking and storage of HW prior to turn in to the HWAA. They are also responsible for complying with all requirements concerning the handling, storing and transporting of HM.

j. Hazardous Material/Hazardous Waste Manager. The Head, Materials Management Department shall be assigned in writing by the CO and be responsible for ensuring complete compliance with all regulations concerning the handling, storage and transportation of HM/EHM/HW generated at their commands. He/She is also responsible for complying with all requirements concerning the handling, storing and transporting of HM/EHM/HW.

k. Hazardous Waste (HW). Any discarded substance, as defined in 40 CFR 261 or applicable state regulations, where the state has been granted enforcement authority by the Environmental Protection Agency.

l. Hazardous Waste Accumulation Area (HWAA). The Facility that serves as the centralized accumulation area for HW generated aboard the Combat Center.

m. Hazardous Waste Overnight Holding Facility (OHF). A facility that collects and stores HW, under conditional exemption from the State of California, for not longer than 72 hours from the time a container is 90 percent filled or 270 days from the initial date of accumulation (date first drop of waste is placed in the container) pending transportation for proper disposal or recycling.

## CHAPTER 2

### SPECIFIC RESPONSIBILITIES

#### 2001. Responsibilities

a. Responsibility for protection of the environment is a command responsibility. The responsibility for adherence to and enforcement of this instruction falls to each Director, Manager, Supervisor and responsible individual in that chain of command.

b. Specific responsibilities within the Naval Hospital 29 Palms are detailed in this Chapter.

#### 2002. Commanding Officer

a. The Commanding Officer (CO) is ultimately responsible for establishing and maintaining an effective and comprehensive HMC&M program except as specifically covered by host-tenant agreements. Specifically the CO is tasked with the following responsibilities:

(1) Conduct an aggressive, continuing HMC&M program in accordance with reference (a).

(2) Establish and maintain an active Environmental Compliance Committee as required by reference (d), to function as a sub-committee to the Command Safety Policy Council.

(3) Assign individuals to billets in order to ensure command compliance with all existing HM/HW regulations. These appointments must be in writing and a copy of this letter sent to the Marine Corps Air Ground Combat Center (MCAGCC) NREA Directorate, HWAA and the Command Safety Office.

(4) Be responsible for the actions of Naval Hospital personnel. The CO is responsible for establishing policies requiring subordinates to function within the guidelines, rules, regulations and laws of the local, state and federal agencies.

(5) Assigning responsible personnel to the collateral duties specified in reference (g), and ensuring assigned personnel receive mandatory training per chapter 3 of reference (g).

(6) Provide approval and funding for required personnel training as required in references (a) through (g).

(7) Act as the Chairman of the Safety Policy Council as required in reference (b).



NAVHOSP29PALMSINST 4110.1A  
20 November 1996

2003. Command Safety Specialist shall:

a. Perform periodic inspections to ensure that all HM/HW is handled, stored, labeled, used, transported and that hazard warnings are properly posted and observed in accordance with references (a) through (g).

b. Perform periodic inspections to ensure that HAZCOM training records are maintained in accordance with reference (e).

c. Ensure that all contractors are informed of the HAZCOM Program and coordinate the use of HMs brought aboard with the appropriate worksite department head.

d. Develop and maintain an "authorized HM use list" using an inventory that identifies and quantifies HM.

e. Provide technical assistance on all matters concerning the handling and management of HM/HW.

f. Distribute the Authorized for Use List of HM used, produced, or stored at the Command to other commands, activities or community businesses as needed.

g. Maintain the master MSDS lists for the command.

2004. Industrial Hygiene Officer shall:

a. Perform periodic inspections to ensure that all HMs are properly labeled, in proper use and that hazard warnings are properly posted and observed.

b. Provide work area monitoring per reference (d) for personnel working with HM/HW. Provide documentation and maintain records on all required area monitoring.

c. Be appointed the Respirator Protection Coordinator per reference (d). Implement and maintain a respiratory protection program for those individuals who handle HM in TLVs requiring respiratory protection. Provide fit testing, annual training and ensure periodic medical examination for all individuals on the respiratory protection program.

2005. Head, Materials Management shall be appointed the command HM/HW Manager and:

a. Report to the Command Environmental Compliance Committee on all matters related to HM/HW.

b. Ensure management of HM/HW per references (a) through (g).

c. Establish safety procedures for materials management personnel handling HM/HW.

d. Perform long range planning for HM/HW minimization within the command.

e. Initiate actions to identify and resolve deficiencies in HMC&M budgeting and allocation of resources for effective local program implementation.

f. Ensure proper handling, storage, processing, and management of HW generated by Naval Hospital 29 Palms departments or activities, per reference (g), until those wastes are accepted by the MCAGCC HWAA.

g. Establish policy for compliance with references (a) through (g) when receiving, distributing, storing, using, or transporting HM, EHM, or HW. Definition of terms are provided in chapter 1.

h. Establish and implement procedures to control, track, and reduce the variety and quantities of HM in use, in storage or stock, or disposed of as HW.

i. Establish procedures to ensure that all HM used at the activity are properly and appropriately labeled under all applicable regulation of the DOT, OSHA and the EPA. Additionally, identify to NAVSUPSYSCOM unlabeled shipments or shipments without MSDS, via the Quality Deficiency Reporting System.

j. Perform periodic inspections to ensure that all HM is properly labeled, in proper use and that hazard warnings are properly posted and observed.

NAVHOSP29PALMSINST 4110.1A  
20 November 1996

2006. HM/HW Handler shall be assigned from the Materials Management Department and:

- a. Be responsible for the proper collection, containerization, segregation and labeling of HW stored at the site of collection per reference (g).

- b. Be responsible for proper handling, storage and tracking of HM acquired or utilized by the Command.

- c. Maintain required records and reports, Waste Identification Documents (WIDs) and MSDSs.

- d. Provide clean-up, under the direction of the Hazardous Material Manager, on minor hazardous material spills at Naval Hospital 29 Palms.

- e. Transport HW, with a completed WID, to the MCAGCC HWAA in accordance with reference (g).

2007. Warehouse/Laboratory Personnel shall receive training as indicated in reference (e).

2008. Environmental Compliance Committee shall:

- a. Meet at least quarterly, as a subcommittee of the Safety Policy Council, under the Commanding Officer as Chairman.

- b. Review policy, MSDS's, and all issues pertaining to HM/HW, and provide recommendation on policy as it relates to the Naval Hospital to the Board of Directors Via the Chairman of the Safety Policy Council.

2009. Purchasing and Contracting Personnel shall:

- a. Ensure all contracts include the requirement of hazardous waste disposal by the contractor when contract results in hazardous waste generation.

- b. Ensure all contract bids include MSDS for any materials that will be brought aboard the Naval Hospital 29 Palms.

- c. Ensure all contractors are provided a Safety/Hazardous Material in brief package prior to work starting.

2010. Department Heads shall:

a. Limit open market purchases of material, regardless of the method employed, to purchases for which a stock numbered product is unavailable from the manufacturer or supplier prior to an authorization for use of a new product. In cases where a standard stock item is deemed inferior, inform the supply officer so corrective action is initiated.

b. Ensure documentation of training received outside of the command is forwarded to Education and Training for inclusion in official personnel file.

2011. Head, Training and Education shall:

a. Coordinate with the HM/HW Manager to ensure availability and resources for HM/HW training in accordance with references (a) through (g).

b. Document and maintain all required HM/HW and HAZCOM training records in accordance with reference (e).

(1) Documentation of civilian training (certificates and/or rosters) will be forwarded to the MCAGCC Human Resources Office for inclusion in personnel files.

(2) Copies of training records will be made available for transfer to other DOD employment offices upon request.

(3) In the case of personnel handling HW, 40 CFR 265.16 requires retention of records for current HW personnel until the closure of the facility.

(4) Records on former HW employees must be kept for at least three years from the date the employee last worked at the facility.

(5) Personnel training records may accompany active duty personnel transferred within the government.

2012. Supervisor, Central Files shall:

a. Ensure that references (a) through (d) and (g) are readily accessible to the command HM/HW Managers, Handlers, Safety and Occupational Health Personnel. Refer inquiries on

NAVHOSP29PALMSINST 4110.1A  
20 November 1996

references (e) and (f) to the Command Safety Office.

b. Ensure that new references pertaining to HM/HW are forwarded to HM/HW Managers, Handlers, Safety and Occupational Health Personnel for review and implementation where necessary.

CHAPTER 3

HAZARD COMMUNICATION PROGRAM PLAN

3001. Purpose. To establish a Hazard Communication (HAZCOM) Program Plan in accordance with references(d) and (e), for the Naval Hospital, Twentynine Palms.

3002. Applicability and Scope. Unless otherwise specified, this plan applies to all Naval Hospital 29 Palms employees who routinely work with or are exposed to HM in their work places.

3003. Policy. This HAZCOM Program plan shall be made available, upon request, to employees, their designated representative, or other government officials.

a. Each employee or contractor working at Naval Hospital, Twentynine Palms shall be informed of the HAZCOM Program during the mandatory command Indoc/Annual training session. All persons working with or routinely coming in contact with HM shall receive training on the hazardous properties of HM they work with and the precautionary measures needed for protection from these hazard(s).

b. All directors, department heads and supervisors shall ensure that each worksite maintains MSDSs for each HM used in that area, and that they are readily available to workers.

c. Only HM on the Authorized Use List shall be used at Naval Hospital Twentynine Palms. All HM received shall be properly labeled with the chemical identity, trade name, appropriate hazard warnings and the address of the manufacturer, importer or other responsible party.

3004. Program Operation

a. List of Hazardous Materials. The Safety Specialist shall maintain a list of hazardous materials used in the facility by work location and will up date the list on at least an annual basis in cooperation with all command organization elements. This list is also the Authorized Use List.

(1) The list of HM and locations where HM is used is located in Building 1145, Room B020 and is in the custody of the Safety Specialist.

(2) This list shall be verified in cooperation with independent local audits and third party (e.g., industrial hygiene, environmental engineer) surveys performed under the auspices of BUMED.

(3) Additionally, the command Safety office shall distribute the HM list among key local offices, the duty office, Fire Department and Natural Resources and Environmental Affairs.

b. MSDSs. The Command Safety Officer is responsible for obtaining MSDSs for all hazardous chemicals utilized in the command or activity, and will maintain a reference library of MSDSs for each of the chemicals or materials contained on the List of Hazardous Chemicals. In addition the Command Safety Officer will distribute MSDSs to various organization elements as needed for local requirements, including a complete master to Materials Management.

(1) A complete set of all MSDSs is maintained at the Safety Office.

(2) MSDSs are available at the individual work centers and supervisors are to instruct employees on access and use.

(3) Individual MSDSs are reviewed on acceptance, and again periodically, for completeness and accuracy and assigned a unique identifier to aid in retrieval and use by non-technical personnel and to relate the MSDS to a specific product. Technical guidance is sought from the local BUMED industrial hygienist or NAVENVIRHLTHCEN in event additional guidance or research is needed.

c. The Material Management Department Head shall ensure appropriate action is taken to obtain proper labels or properly labeled replacement product(s) as required.

d. Labels and Other Forms of Warning.

(1) Materials Management Department is designated to ensure that all HM centrally received at Naval Hospital Twentynine Palms are properly labeled, and will initiate action with the manufacturer or vendor to obtain proper labels or properly labeled replacement products as necessary.

(2) The manufacturers MSDSs and the Hazardous Materials Inventory System are sources of information on hazard and storage compatibility for the DOD HAZCOM compliant label.

(3) The labeling of HM intended for immediate use during the current work shift, though not required by reference (e), is a local safety requirement.

(4) The Safety Office, Industrial Hygiene Officer and the HM/HW Manager are responsible for performing routine periodic inspections to ensure that all hazardous materials are properly labeled, in proper use, and hazard warnings are properly heeded.

(5) The Material Management Department Head shall ensure that all HMs shipped by this Command to other installations are properly labeled for both consumers or users of the material, as well as conforming with Department of Transportation (DOT), United States Postal Service (USPS), or other required standards as necessary.

#### 3005. Training

a. The Safety Office shall inform all new employees of the command HAZCOM program during command Indoc/annual training. Department Heads and Supervisors shall provide employees with information and training on hazardous materials in their work area at the time of their initial assignment, whenever a new hazard is introduced into their work area and not less than annually. This training shall be accomplished prior to hazard exposure and within 30 days of employment.

b. Department heads and supervisors with assistance as necessary from the Safety Office shall ensure that all persons working with or routinely coming in contact with HM receive site specific training on the HMs properties and on the precautionary measures and personal protective equipment needed for protection from these hazards.

c. HAZCOM training will emphasize the elements listed below:

(1) A summary of the Occupational Safety and Health Act (OSHA) HAZCOM Standard and this written program;

(2) Job-specific HM and hazardous chemicals to which personnel have contact, the chemical properties of HMs (including



visual appearance and odor) and methods that can be used to detect the presence or release of hazardous chemicals;

(3) Physical and health hazards associated with the potential exposure to workplace chemicals;

(4) Procedures to protect against hazards, such as personal protective equipment, work practices and emergency procedures;

(5) Hazardous chemical spill, leak and disposal procedures; and

(6) MSDS locations at the department and for the Command, how to understand their content and how employees may obtain and use appropriate hazard information.

d. Records of all required training shall be maintained at the Education and Training office for a minimum of five years. Copies of official training records may accompany personnel transferred within the Navy. HAZCOM training records related to job-specific HMs applications and related controls will be retained for 40 years in a manner similar to industrial hygiene exposure monitoring records. A copy of civilian training records will be forwarded to the Human Resources Office for inclusion in personnel records by the Education and Training Department Head. Copies of training records will be made available for transfer to other DOD employment offices upon request. In the case of HW personnel, 40 CFR 262.34, 264.16 and 265.16 require retention of records for HW personnel for the life of the facility. Records on former employees must be kept for at least 3 years from the date the employee last worked at the facility.

#### 3006. Non-routine Tasks

a. All supervisors planning non-routine tasks involving HMs shall ensure that the employees involved are trained and equipped to the same extent as required for routine tasks.

b. Non-routine chemical work hazard training will be accomplished at a meeting attended by the department head(s), affected employees and the Safety Office representative prior to initiation of the scheduled work.

c. Non-routine task training will be documented by the department head and coordinated with the Education and Training Department Head for inclusion in appropriate training and personnel records.

3007. Contractor Employers and Employees

a. All department heads are responsible for ensuring that contractor and contractor employees adhere to the policies of this program.

b. The purchasing and contracting officer shall ensure that all contract clauses are written to ensure adherence with this HAZCOM plan.

c. Contractor and contractor employees are required to inform appropriate Command department heads and the Safety Office of HM that they will bring aboard to ensure that appropriate MSDSs are made available for their use.

d. The department head of the worksite involving contractor services will inform the contractor of hazards to which the contractor or his employees may come in contact, respectively, and shares the responsibility with the contractor for the proper disposal of any associated HW. Department heads will provide access to MSDSs upon request. In situations where there is no worksite department head, the Safety Manager shall provide appropriate MSDSs to the contractor.

3008. Other Considerations

a. The Safety Office is responsible for distributing the Authorized for Use List of HM used, produced, or stored at the Command to other commands, activities, community businesses having a written and sanctioned use.

b. After normal working hours, emergency information from the Authorized for Use List and MSDSs can be arranged or obtained from the Officer of the Day by calling X2190.

c. Routine access to information on the Chemical List and MSDSs is available at the Safety Office. Safety is located in the Occupational Health/Preventive Medicine Department at building 1145 and can be contacted by calling X2386.

NAVHOSP29PALMSINST 4110.1A  
20 November 1996

d. Program information. Further information on this program plan can be obtained from the Safety Office.

3009. Action

a. Assigned individuals shall execute their specific responsibilities as stated.

b. All department heads and employees are responsible for ensuring that only authorized and officially acquired materials are used in work operations.

c. Department heads shall execute their assigned responsibilities as stated in this instruction and assist staff members in the conduct of their responsibilities.

d. Annual performance ratings will reflect performance with the policies and requirements contained herein.

CHAPTER 4

CHEMICAL HYGIENE PLAN

4001. Purpose. To develop and implement control of occupational exposure to hazardous chemicals in laboratories at the Naval Hospital 29 Palms per reference (f).

4002. Applicability and Scope. This Chapter applies to all working laboratories at the Naval Hospital 29 Palms.

4003. Responsibilities

a. Commanding Officer. Shall designate in writing a Chemical Hygiene Officer for the Naval Hospital 29 Palms as required by reference (f).

b. Chemical Hygiene Officer. Shall ensure that each laboratory develops and carries out a written Chemical Hygiene Plan in accordance with reference (f) for the assigned laboratory.

4004. Action

a. The Chemical Hygiene Plan shall be readily available to employees and employee representatives and shall be capable of the following.

(1) Protecting employees from health hazards associated with hazardous chemicals in the respective laboratory and,

(2) Keeping exposures below the limits specified in reference (h).

b. The Chemical Hygiene Plan shall include all of the elements listed in reference (f) and shall indicate specific measures that the Supervisor will take to ensure laboratory employee protection.

CHAPTER 5

HAZARDOUS MATERIALS CONTROL & MANAGEMENT (HMC&M)

5001. Background. HMC&M is a life-cycle material and equipment requirement involving all elements of the Naval Hospital 29 Palms. The program requires HMC&M actions from concept formulation of a new or modified system through research, development, acquisition, production, operation, and the final disposition phases. It involves line management at all levels and action of all concerned with each phase of acquisition of systems, components, material, or parts.

5002. Policy. The Naval Hospital 29 Palms shall control and reduce the amount of HM used and HW generated by up-front HM control in acquisition, procurement, supply, and utilization consistent with the requirements set forth in reference (a).

5003. Responsibilities

a. Head, Materials Management shall be responsible for inventory and tracking of all HM ordered and received at the Naval Hospital 29 Palms Warehouse. Naval Hospital 29 Palms shall implement the Department of the Navy's Consolidated Hazardous Material Reutilization and Inventory Management Program (CHRIMP) using the computerized Hazardous Material Inventory and Control System (HICS).

b. Command Safety Office and Industrial Hygiene shall be responsible for program oversight and inspection of the facility to identify discrepancies. Safety shall annually review this instruction.

5004. Safe Use of HM. HM shall be handled and used only under the following minimum conditions:

a. The HM appears on the HM authorized use list for the workplace/work center in which it is used. This includes the procedures for and conditions of HM use have been evaluated and approved.

b. The HM is used and stored in the minimum quantities required to accomplish the mission.

c. Personal protective equipment and requisite safety, emergency, and spill cleanup and containment equipment are readily available.

d. Employees are adequately informed and understand HM hazards and necessary protective measures via HAZCOM training as outlined in chapter 3 of this instruction.

5005. Acquisition of HM

a. Acquisition of HM shall originate with the requester and immediate supervisor, who will be accountable for requesting only authorized HM in approved, minimum quantities. Submittal and approval of Appendix 5.A with an MSDS is a prerequisite for placement of a new HM on the "authorized HM use List".

b. Review of requisitions and purchase orders shall be accomplished prior to execution of orders to ensure that only materials "authorized for use" are obtained in approved quantities. If the item on the Authorized Use List replaces a standard stock item deemed inferior, the following information shall be provided with the procurement request to the supply officer for corrective action: item name, description of product and statement as to why it is inferior, and estimated yearly quantity requirement. In turn, the supply officer shall prepare a Report of Deficiency or Quality Deficiency Report (SF364 or 368).

c. Initial requests for HM newly placed on the Authorized Use List shall include notifying the procurement office to include instruction on the purchase order for appropriate "clauses" to ensure labeling of HM containers and delivery of an MSDS with the HM shipment.

d. HM requisitions shall clearly designate the user code, workcenter, or shop so that incoming MSDSs can be routed to the central MSDS reference files, HM user codes, and other codes having a need for current MSDS data.

5006. Safe and Controlled Receiving, Distribution, Issuing, and Shipping of HM. HM shall be processed following established policies and standards with the assistance of the Hazardous Inventory Control System (HICS) and Consolidated Hazardous Reutilization and Inventory Material Program (CRIMP).

a. On receipt by Supply, inspect material to determine if it is on the authorized HM use list, whether labeling of the material is sufficient, and an MSDS is available. If it is HM and does not conform to established standards, specifications, and regulations, it should be placed in appropriate temporary hold until manufacturer-supplied labels, MSDSs, or acceptable substitutes are obtained;

b. Provide prompt, safe storage for incoming HM deliveries, and

c. Acquire and maintain MSDSs and technical data as needed for stocked HM.

5007. Storage of HM. HM shall be stored in minimum required quantities not to exceed a one week supply in the work areas. MSDSs and HMIS provide useful information on warehouse storage and storage compatibility codes for HM. Naval Hospital 29 Palms shall not store or dispose of unowned HM.

NAVHOSP29PALMSINST 4110.1A  
20 November 1996

APPENDIX A

MEMORANDUM

From: Head,  
To: Command Safety Manager  
Via: (1) Hazardous Material Control Manager  
(2) Industrial Hygiene Officer  
(3) Infection Control Officer

Subj: REQUEST FOR HAZARDOUS MATERIALS APPROVAL

Encl: (1) Material Safety Data Sheet for (product name)  
(2) Product Information (if applicable)

1. Subject approval is requested for the following products(s).

PRODUCT NAME

JUSTIFICATION/END USE

2. Point of contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Department Head Signature

-----  
Infection Control: Approve/Disapprove Date: \_\_\_\_\_  
Comments:

Signature: \_\_\_\_\_

-----  
Industrial Hygiene: Approve/Disapprove Date: \_\_\_\_\_  
Comments:

Signature: \_\_\_\_\_

-----  
Hazardous Material: Approve/Disapprove Date: \_\_\_\_\_  
Comments:

Signature: \_\_\_\_\_

-----  
Safety Manager: Approve/Disapprove Date: \_\_\_\_\_  
Comments:

Signature: \_\_\_\_\_



CHAPTER 6

PROCEDURES FOR EXCESS HAZARDOUS MATERIAL  
TURN-IN AND HAZARDOUS WASTE DISPOSAL

6001. Policy. The key to a successful EHM/HW turn in program is informed participation by the departments that generate the EHM/HW. An aggressive program of hazardous waste minimization in accordance with Navy and DOD policy shall be conducted at each work center. It shall be the responsibility of the supervisors in each section/branch to ensure that EHM/HW are identified and turned in to the HM/HW handler in a proper manner. Appointments for disposal shall be made as described below.

6002. Action

a. Supervisors shall ensure an appointment with the HM/HW Handler is secured for pick up when EHM/HW is generated. Ensure that appendix 6.A, Request for excess Hazardous Material turn-in/Hazardous Waste disposal, is prepared and accompanies all EHM/HW turn-ins.

b. Head, Materials Management shall ensure that appointments are accepted from departments requiring EHM/HW turn-ins and that EHM/HW is received by the end of the work day. No EHM/HW will be accepted without Appendix 6.A.

c. HM/HW Handlers shall receive, package, label and provide appropriate disposal for all EHM/HW turned in.

d. Command Safety Office and Industrial Hygiene Office shall conduct periodic inspections to determine if procedures are followed and if turn in system is adequate.

6003. Preparation and submission of Form for turn-in

a. The following information is provided for clarification of items requested on the form.

(1) Enter your department's name code and today's date.

(2) Collection Start Date: The date this became a waste or will become a waste. Hazardous wastes shall not be accumulated in the workplace.

NAVHOSP29PALMSINST 4110.1A  
20 November 1996

(3) Container type: Enter type such as aerosol, plastic, cardboard, metal, etc. Consult product MSDS for appropriate labeling requirements, packaging and any unique transport requirements.

b. Call the Head, Materials Management Department for an appointment to turn-in EHM/HW. Have personnel receiving the waste sign and date the "Received by:" section of the form.

c. Submit a copy of the MSDS with original form. Make two (2) copies of the completed form with enclosure. Retain one copy of the form for your department's record, and submit the second copy to the HM/HW Handler.

d. Maintain copies of all department hazardous waste turn-in records for a minimum of 5 years.

NAVHOSP29PALMSINST 4110.1A  
20 November 1996

APPENDIX A

Code \_\_\_\_\_  
Date: \_\_\_\_\_

From: \_\_\_\_\_  
To: Command HM/HW Handler  
Via: (1) Head, Materials Management Department  
  
Subj: REQUEST FOR EXCESS HAZARDOUS MATERIAL TURN-IN/  
HAZARDOUS WASTE DISPOSAL  
  
Encl: (1) Product MSDS

1. Enclosure (1) is provided for product information on the subject disposal. Additional information is provided as follows:

- a. Department/Branch/Division: \_\_\_\_\_
- b. Collection Start Date: \_\_\_\_\_
- c. Quantity: \_\_\_\_\_
- d. Container Type: \_\_\_\_\_
- e. Overpack Required: (size/type) \_\_\_\_\_

2. For further information, please contact \_\_\_\_\_  
at extension\_\_\_\_\_.

Submitted by:

Received by:

\_\_\_\_\_  
Printed Name & Signature

\_\_\_\_\_  
Printed Name & Signature

Date:\_\_\_\_\_ Extension\_\_\_\_\_

Date:\_\_\_\_\_ Extension\_\_\_\_\_

Comments/Notes:

CHAPTER 7

HAZARDOUS WASTE ACCUMULATION, STORAGE AND TRANSPORTATION

7001. Purpose. To establish a written policy for handling of EHM and HW at the Naval Hospital 29 Palms. All EHM and HW generated at this facility will be stored temporarily on site in accordance with reference (g).

7002. Hazardous Waste Identification by Location. Specific areas within the Naval Hospital 29 Palms have been identified as having materials capable of producing a hazardous waste. Areas identified include but are not limited to the following.

<u>Activity</u>	<u>Waste Type</u>	<u>Reason</u>	<u>Method of Disposal</u>
Pharmacy	Expired Pharmaceuticals	Overstock, Professional judgement, Destroy orders.	Reverse Management Systems - Buy Back
	Damaged items/spills	Poor handling of hazardous materials	Turn-in to HWAA
	Prescription leftovers	Outdated policy, lack of communication	Reverse Management Systems - Buy Back
Materials Management	Broken containers of hazardous Materials/spills	Improper storage, shipping accidents	Turn-in to HWAA
	Turn-ins from Departments	Overstock	Turn-in to HWAA
	Expired shelf-life stock	Overstock, destroy orders	Turn-in to HWAA/ Turn-in to DRMO
Medical Repair	Damaged/defective Aerosol Solvents	Equipment repairs	Turn-in to HWAA
Labs	Spent Solvents	Cleaning glassware, cold temperature baths	Turn-in to HWAA
	Reagents	Excess from analytical, synthetic reactions	Turn-in to HWAA
	Spill residues (Mercury, chromic acid, etc.)	Accidents	Turn-in to HWAA

NAVHOSP29PALMSINST 4110.1A  
20 November 1996

<u>Activity</u>	<u>Waste Type</u>	<u>Reason</u>	<u>Method of Disposal</u>
Facilities Management	Damaged/defective Waste Aerosols	Routine maintenance	Turn-in to HWAA
	Florescent Tubes	Routine maintenance	Turn-in to HWAA
	Waste Paints	Touch ups, projects	Turn-in to HWAA
	Rags/wipes	Routine maintenance	Rag contract/HWAA
	Spill residues (Petroleum products boiler treatments, etc.)	Accidents	Turn-in to HWAA
House-keeping	Damaged/defective Waste Aerosols	Cleaners	Turn-in to HWAA
Operating Management	Spent Batteries	Beepers, portable radios	Turn-in to HWAA
Radiology	Recovered Silver	Medical X-ray processing	Contract services
All patient care areas	Bio-hazardous waste/sharps	Routine patient care	Bio-hazardous Waste disposal contract

7003. Policy. EHM and HW waste shall be managed and disposed of in accordance with reference (g). The following basic procedures shall be adhered to for the handling and disposal of hazardous waste and excess hazardous material:

a. Departments turning in EHM or producing HW shall follow the steps outlined in chapter 6 - Procedures for excess hazardous waste disposal and excess hazardous materials turn in.

b. The Command HM/HW Handler shall assist in packaging, marking and labeling of materials or waste for disposal.

7004. Training

a. The HM/HW Manager and all appointed handlers shall complete all required training in accordance with the requirements set forth in reference (g).

b. Either the class roster or a certificate of completion shall be maintained on all required training. A copy of roster

or certificate shall be forwarded to Education and Training for inclusion in official training file. A job description for each position shall be maintained with the required training records.

7005. Identification of HW/EHW shall be made prior to arrangements for disposal. If no information is available a sample must be tested prior to turn in at the HWAA.

7006. Personal Protective Equipment, to include respirators, gloves, aprons, coveralls, steel toed shoes/boots, goggles and or face shield, shall be used in accordance with recommendations made by the MSDS for the product being disposed of.

7007. Containers shall be:

a. Stored so that they cannot retain liquids from outside sources such as weather.

b. Marked with the status of contents (empty) or labeled in accordance with reference (g).

c. Lifted and moved in a manner which prevents personal injury and damage to the container.

d. Serviceable, free of leaks, and secured with correct lids, caps, or bungs at all times.

e. Compatible with the waste being stored (acids in plastic containers, petroleum products in steel drums, batteries in wood or cardboard boxes, etc.)

f. Segregated by compatible waste groups within the site with empties stored away from those containing waste.

7008. Inspections/Reports shall be conducted daily by the HM/HW Handler, with documentation on appendix 7.A. Weekly and monthly inspections are required by the HM/HW Manager using appendixes 7.B and 7.C respectively. Appendix 7.D shall be prepared quarterly and forwarded to the NREA Compliance Enforcement Office. Copies of all required reports shall be retained for a minimum of 3 years.

APPENDIX A  
DAILY HAZARDOUS WASTE (HW) INSPECTION CHECKLIST  
NAVAL HOSPITAL 29 PALMS  
FOR MONTH OF \_\_\_\_\_ 199\_\_

D A T E	T I M E	Is the area free of leaks/spills? (if no - state corrective action on back)	Are containers properly stenciled and labeled? (if no - state corrective action on back)	Are all containers properly closed? (if no - state corrective action on back)	NAME / GRADE OF INSPECTOR SIGNATURE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
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23					
24					
25					
26					
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28					
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30					
31					

APPENDIX B

WEEKLY HAZARDOUS WASTE (HW) INSPECTION CHECKLIST  
NAVAL HOSPITAL 29 PALMS - BUILDING 1145

HW/HM MANAGER: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

List HW on Site:

<u>Type</u>	<u>Quantity (lbs or gals)</u>
1. Is the following emergency equipment available?	
a. Internal alarm system	Yes ( ) No ( )
b. External alarm system	Yes ( ) No ( )
c. Compatible fire extinguisher	Yes ( ) No ( )
d. Spill Kit	Yes ( ) No ( )
e. Eyewash	Yes ( ) No ( )
2. Are HM that have an expired shelf life being recycled through DSSC?	Yes ( ) No ( )
3. Is there a potential impact to storm drain or sanitary sewer?	Yes ( ) No ( )
4. Are drums properly labeled and marked?	Yes ( ) No ( )
5. Are berms designed to contain leaks/spills?	Yes ( ) No ( )
6. Are HMS and HWS separated adequately?	Yes ( ) No ( )
7. Are HWs segregated properly?	Yes ( ) No ( )
8. Are proper dispensing and storage areas for HM and HW available?	Yes ( ) No ( )
9. Is there secondary containment?	Yes ( ) No ( )
10. Are approved containers in use?	Yes ( ) No ( )
11. Is storage area free of debris?	Yes ( ) No ( )
12. Are containers compatible with waste?	Yes ( ) No ( )
13. Are containers in good condition?	Yes ( ) No ( )

State Corrective actions if any:

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\_\_\_\_\_  
Name/Grade of Inspector

\_\_\_\_\_  
Signature



NAVHOSP29PALMSINST 4110.1A  
20 November 1996

APPENDIX C

MONTHLY INSPECTION CHECKLIST  
NAVAL HOSPITAL 29 PALMS - BUILDING 1145

INSPECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

1. Current and past HW/HM Manager appointment letters on file and maintained for a period of three years after relief: (CCO P5090.2B)  
\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_  
\_\_\_\_\_

2. Current and past HW/HM Handlers appointment letters on file and maintained for a period of three years after relief? (CCO P5090.2B para. 2002.1a (5))  
\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_  
\_\_\_\_\_

3. CCO P5090.2B is readily available for reference to the manager and handler? (CCO P5090.2B para. 2000.3c (4))  
\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_  
\_\_\_\_\_

4. Quarterly HM reports on file and maintained for a period of three years? (CCO P5090.2B para. 2002.1a (5) and 7000.2)  
\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_  
\_\_\_\_\_

5. Quarterly Coating and Solvent Report on file and maintained for a period of three years? (CCO P5090.2B para. 2002.1a (5) and 7000.3)  
\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_  
\_\_\_\_\_

6. UST Monitoring Reports on file, current working log on hand and report plus log maintained for a period of three years? (CCO P5090.2B para. 2002.1a(5), 6000.5 and 7000.4)  
\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_  
\_\_\_\_\_

7. HW Quarterly Reports on file and maintained for a period of three years?  
(CCO P5090.2B para. 2002.1a(5) and 7000.5)

\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_

8. Training records on file for all assigned managers and handlers, and properly maintained for a period of three years after relief: (40 CFR 264.15; CCR Title 22, Section 66264.15; and CCO P5090.2B para. 2002.1a(5) and 3000.2)

\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_

9. Daily inspections of SAA are conducted by handler and results maintained on file for three years? Results are also denoted in Log Book. (40 CFR 264.15; CCR Title 22, Section 66264.15; and CCO P5090.2B para. 2002.1a (5) and 6000.2)

\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_

10. Weekly inspections of OHF are conducted by manager and results on file for three years? Results are also denoted in Log Book. (40 CFR 264.174; CCR Title 22, Section 66264.174; and CCO P5090.2B para.2002.1a(5) and 6000.3)

\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_

11. HM/HW Managers monthly inspections are being conducted and results on file for a period of three years? Results are also denoted in Log Book. (CCO P5090.2B para. 2002.1a(5) and 6000.4)

\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_

12. NREA Directorate Quarterly Inspection results on file for three years?  
(CCO P5090.2B para. 2002.1a(5) and 6000.4)

\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_

13. A OHF log book has been established and maintained in accordance with the references? Log book is being maintained for a period of three years? (40 CFR 264.15(d); CCR Title 22 Section 66264.15(d); and CCO P5090.2B para. 2002.1a(5) and 6000.1)

\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_

14. All completed WID's for waste turned-in are on file and maintained for a period of three years? (CCO P5090.2B para. 2002.1a(5) and 4002.2)

\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_

NAVHOSP29PALMSINST 4110.1A  
20 November 1996

15. MSDS's on hand and readily available for all materials being stored?  
(OSHA 29 CFR, 1910.1200(g)(8); and CCO P5090.2B para. 8000.2(e))

\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_

16. Usage logs and inventory denoting actual on-hand quantities are current and available for all HM on hand (CCO P5090.2B para. 8000.2a)

\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_

17. If under disposal contract (Solvents, Medical, etc.), are disposal manifests on file and maintained for a period of FIVE years: (40 CFR 262.40; CCR Title 22, Section 66262.40; and CCO P5090.2B para. 2002.1a(6))

\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_

18. All spills/discharge reports maintained on file for three years? (CCO P5090.2B para. 2002.1a(5))

\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_

19. NREA approval of OHF on file? (CCO P5090.2B para. 4000.1)

\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_

20. Hazardous Substance Emergency Action Plan and Emergency Notifications are posted and Incident Report Log Sheet is available? (CCO P5090.2B)

\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_

#### HW ACCUMULATION

1. All containers are stenciled "Hazardous Waste" in letters not less than 2" high? (40 CFR 262.32; CCR Title 22, Section 66262.32; and CCO P5090.2B para. 4001.2)

\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_

2. All containers are properly labeled? (40 CFR 262.31; CCR Title 22, Section 66262.31; and CCO P5090.2B para. 4001.3)

\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_

3. A separate container is being used for each type of waste? (CCO P5090.2B para. 4001.4)

Complies Non Compliance N/A

Remarks/Recommendation:

4. All containers are compatible with stored waste? (40 CFR 264.172; CCR Title 22, Section 66264.172; and CCO P5090.2B para 4001.1)

Complies Non Compliance N/A

Remarks/Recommendation:

5. All containers are closed, bungs wrench tight, snap rings secured with required bolt? (40 CFR 264.173; CCR Title 22, Section 66264.173; and CCO P5090.2B para. 4001.1)

Complies Non Compliance N/A

Remarks/Recommendation:

6. All containers are stenciled "IDOA" with date in letters not less than 2 " high? (CCR Title 22, Section 66262.34(e) (1) © and CCO P5090.2B para. 4001.2)

Complies Non Compliance N/A

Remarks/Recommendation:

7. There are no individual wastes stored in quantities greater than 55 gallons? If so, is there a waiver from NREA? (CCR Title 22, Section 66262.34 (e) (2) (A); and CCO P5090.2B para. 4001.4)

Complies Non Compliance N/A

Remarks/Recommendation:

8. Containers are on pallets and adequate aisle space, 36 inches, exists between rows: (Pallets, CCO P5090.2B APPENDIX D or E, Aisle space 40 CFR 264.35; CCR Title 22, Section 66264.35; and CCO P5090.2B para. 4001.4)

Complies Non Compliance N/A

Remarks/Recommendation:

9. Empty drums are stored out of the way and in a manner that they cannot retain liquids (i.e. on their sides)? (CCO P5090.2B para. 4001.1)

Complies Non Compliance N/A

Remarks/Recommendation:

10. Lead acid batteries are stored in a manner to prevent leakage of electrolyte or escape of hazardous fumes? (CCO P5090.2B APPENDIX G.4 and G.9)

Complies Non Compliance N/A

Remarks/Recommendation:

HM STORAGE AREAS

1. Clear aisle space of not less than 36" is between rows of non-compatible materials? (40 CFR 264.35; CCR Title 22 Section 66264.35; and CCO P5090.2B para. 8000.2c)

\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_

2. "No Smoking" and other appropriate signs are posted? (40 CFR 264.17; CCR Title 22, Section 66264.17; and CCO P5090.2B para. 8000.2d)

\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_

3. Fire extinguishers are on hand, compatible and serviceable? (40 CFR 264.32; CCR Title 22, Section 66264.32; and CCO P5090.2B para. 8000.2f)

\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_

4. Spill kit and safety equipment is on hand? (40 CFR 264.32; CCR Title 22, Section 66264.32; and CCO P5090.2B para. 8000.2g)

\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_

5. All Class I flammable liquid containers have fill stem bonded to the container being dispensed into? (29 CFR 1910.106 and CCO P5090.2B para. 8000.3)

\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_

ACIDS/CHEMICALS STORAGE AREAS

1. Chemicals are stored in compatible containers? (40 CFR 264.172; CCR Title 22, Section 66264.172)

\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_

2. Chemical storage areas/battery rooms have proper ventilation? (29 CFR 1910.106(a)(31))

\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_

3. Protective clothing is on hand (according to appropriate MSDS) and used for handling the chemicals present? (29 CFR 1910.132.(a))

\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_

GAS CYLINDERS

1. Cylinders are labeled/tagged as to content and incompatibles are separated by fire wall or clear space of 50"? (CCO P5090.2B APPENDIX G.11)  
\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_  
\_\_\_\_\_

2. Cylinders are stored out of direct sunlight and away from heat sources? (29 CFR 1926.350(b) (3) and CCO P5090.2B APPENDIX G.11)  
\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_  
\_\_\_\_\_

3. Empty cylinders are tagged and segregated from full cylinders: (CCO P5090.2B APPENDIX G.11)

\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_  
\_\_\_\_\_

4. All cylinders have caps in place? (29 CFR 1926.350(a) and CCO P5090.2B APPENDIX G.11)

\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_  
\_\_\_\_\_

UST/AST

1. Daily inspections of all visible aspects of all UST/AST are conducted and results are properly logged? (40 CFR 265.195, CH&SC 20-6.67, CCO P5090.2B, CG Ltr dtd 17 May 94)

\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_  
\_\_\_\_\_

2. UST/AST overfill boxes are kept clean and dry? (CG Ltr dtd 17 May 94)

\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_  
\_\_\_\_\_

3. All fill caps/lids are kept locked?

\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_  
\_\_\_\_\_

4. weekly inspections of all fuel dispensers are accomplished by unit. Dispenser skirt panels are removed where applicable? (CG ltr dtd 17 May 94)

\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_  
\_\_\_\_\_

NAVHOSP29PALMSINST 4110.1A  
20 November 1996

5. Log book entries identify date that waste POL is first put into a UST/AST?  
(CG ltr dtd 17 May 94)

\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_

6. Log book entries show all waste POL is removed from any UST/AST within 90  
days of the date that the first amount of waste POL is added to a tank  
following its previous pump out? (40 CFR 265, CG ltr dtd 17 May 94)

\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_

7. Electrical monitoring system and control panel are checked daily for  
proper operation. Appropriate log entry is made each day? (CCR Title 23, Div  
3, Chap 16 2643 CG ltr dtd 17 May 94)

\_\_\_\_\_ Complies \_\_\_\_\_ Non Compliance \_\_\_\_\_ N/A

Remarks/Recommendation: \_\_\_\_\_

APPENDIX D

QUARTERLY HAZARDOUS WASTE REPORT

NAVAL HOSPITAL 29 PALMS - BUILDING 1145

FOR THE QUARTER ENDING: \_\_\_\_\_

HM/HW MANAGER NAME/RANK: \_\_\_\_\_

HM/HW MANAGER SIGNATURE: \_\_\_\_\_

-----  
ALL HW BEING STORED MUST BE IDENTIFIED  
-----

NAME OF WASTEQUANTITY BEING STORED



NAVHOSP29PALMSINST 4110.1A  
20 November 1996

APPENDIX E  
HAZARDOUS WASTE INFORMATION DOCUMENT

<b>GENERATING ACTIVITY INFORMATION:</b> COMMAND: NAVAL HOSPITAL 29 PALMS AAC: M _____ SAA#: _____	<b>HWAA HANDLER USE:</b> DATE: _____ DOC#: _____
<b>CONTAINER INFORMATION:</b> NO. OF CONTAINERS: _____ SIZE (GAL): 85 55 35 20 8 5 OTHER: _____ TYPE: DRUM CAN BOX OTHER: _____	WEIGHT: _____ LOCATION: _____ INITIALS: _____ CK:___ LB:___ KP:___
<b>WASTE INFORMATION:</b> PHYSICAL FORM: LIQUID _____ SOLID _____ SLUDGE _____ OTHER: _____ PROCESS CODE: _____ (SEE BACK OF FORM) ACCUMULATION START DATE (MM/DD/YY): _____ DESCRIPTION (INCLUDE PERCENTAGES): _____ _____	
<b>HM/HW MANAGER CERTIFICATION:</b> "I certify that the item or items listed hereon have been inspected by me and, to the best of my knowledge and belief, contain no items other than those listed."  _____ (Signature) (Date)  _____ (Printed Name)	
<b>- HWAA USE -</b> NSN: _____ PROPER SHIPPING NAME: _____  EPA# EPA# EPA# EPA# CAW# UN# PROFILE _____ CLIN: _____	

Acronyms:

AAC (Activity Address Code) - The five-digit code plus service designator unique to each unit. For example, M35010 Headquarters Battalion.

SAA (Satellite Accumulation Area) - The two-digit code assigned by NREA to authorized satellite storage sites.

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Code	Process	Examples
AB	Abrasive Blasting	Grit, paint chips, expended media.
BA	Battery Shops	Battery change-out. Sulfuric acid, lead.
BC	Bilge/Tank Emptying & Cleaning	Oily waste, sludge, wastewater.
BO	Biological Operations	Wastes generated as a result of Pest Management Program applications.
CP	Chemical Paint Stripping & Solvents, Paint Sludge	Rinse water contaminated with pain, e.g. methylene chloride.
EP	Electroplating	Cleaning compounds, chromium cyanide, water & tank sludges Contaminated with heavy metal.
ER	Electronics & Refrigeration	Solvents e.g., freon.
ES	Expired Shelf Life	Expired shelf-life materials such as paints, cleaning materials, solvents.
FC	Fluids Changeout	Oily waste, solvents, lube oil, hydraulic fluid.
FF	Fire-fighting Operations	Aqueous film forming foam (AFFF)
FO	Forced Obsolescence	HW disposed of as a result of a regulatory ban on use or storage (e.g. pesticides, do not include PCBs or asbestos).
IM	Industrial Maintenance	Cleaning supplies, florescent light bulbs.
IO	Industrial Operations	Includes machine cooling fluid, cutting oils, antifreeze, lubricating & hydraulic fluid.
IR	Installation Restoration	Waste from clean up of IR sites.
ME	Medical	Mercury, medical supplies.
MS	Miscellaneous	Wastes which cannot be attributed to any other process listed. Provide description.
OD	Ordnance, Demil/Disposal	Explosive, pyrotechnic, propellant, lead contaminated water, soil, dust.
OO	One-Time Only	Non-recurring wastes such as PCBs and Asbestos that are disposed and not replaced.
PO	Painting Operations	Solvents, paint, paint sludge.
PP	Preservation & Packaging	Wastes associated with preservation & packaging include pentachlorophenol (PCP).
RC	RCRA Corrective Action	HW disposed of due to RCRA corrective actions.
SC	Spill Clean-up	Rags, absorbents, contaminated soil, and other products of spills.
SO	Solvents Degreasing	Solvents such as PD-680, mineral spirits, gas path cleaner.

CHAPTER 8

EMERGENCY SPILL CONTINGENCY ACTION PLAN

8001. Purpose. To develop and implement an emergency procedure or Spill Contingency Plan (SCP), as applicable, at the Naval Hospital 29 Palms, to contain, control and resolve spills/leaks involving the release of HMs or HWs into the workplace or community.

8002. Responsibility

a. Department Head. It is the Supervisors responsibility to ensure that all personnel are informed of the hazards associated with materials used in their workspace. The HAZCOM chapter in this instruction provides specific guidance on requirements of personnel right-to-know. All personnel shall be required to know the basic characteristics of materials that they are routinely in contact with and the extent of hazard if a spill should occur.

b. HM/HW Handler. Provide clean up on small spills requiring special handling and spills that have been turned back over to Hospital personnel after emergency response is secured.

c. HM/HW Manager. Supervise all HM spill clean ups.

d. Industrial Hygiene Officer. Provide area monitoring and authorize re-entry on all hazardous substance spill clean up sites.

8003. Emergency Evacuation Procedures. The department head shall determine if an evacuation of the workspace is indicated. The department head is responsible for initiating evacuation, when necessary, according to the departments written fire and emergency evacuation plan. All personnel shall be familiar with department evacuation procedures at all times.

8004. Major Spill Contingency. All spills of extremely hazardous materials or of hazardous materials in excess of 5 gallons shall be reported to the Fire Department by calling 9-1-1.

a. Follow procedures outlined in appendix 8.A.

b. Whenever possible, give the information listed on appendix 8.B, Hazardous Substance Incident Report Log Sheet.

c. Appendix 8.B and Appendix 8.C shall be filled out by the individual responsible for the spill/release or by the HM/HW Manager. The original shall be submitted to the MCAGCC NREA upon their arrival, a copy to Safety and a copy filed with the HM/HW records in Materials Management.

8005. Minor Spill Contingency.

a. Follow the procedure outlined in appendix 8.A.

b. Hazardous Material Spill Kits are located in the Laboratory and at the Materials Management Warehouse. The kits shall be used only by personnel appropriately trained for the material spilled or released. Only qualified personnel shall provide clean up on HM/HW spills. The following is a list of equipment and materials found in the kits:

<u>EQUIPMENT</u>	<u>QUANTITY</u>
Full-face respirator with cartridges for acid gases, organic vapors and dust. (Identified for each employee trained and designated for minor spill clean-up)	01 EA
Chemical protective disposable suits (Tyvek-Saranex coveralls).	04
Eyeshield/goggles	02
Pair rubber gloves (outer, acid resistant)	02
Pair neoprene gloves (outer, solvent resistant)	02
Pair chemical resistant disposable booties (outer)	04
<u>EQUIPMENT</u>	<u>QUANTITY</u>
50-Pound bags granular absorbent (Safestep)	02
Absorbent Socks 3" X 4'	04
Absorbent Pads	20

30 Gallon Steel Drum (or larger) Stenciled or Labeled "Spill Kit"	01
Large plastic bags (heavy duty)	06
Non-sparking Shovel and Chemical Resistant Broom	02 (sets)

c. All spills in excess of one gallon shall be reported to MCAGCC Natural Resources and Environmental Affairs by calling X5200 or X6603.

d. Appendix 8.B shall be filled out by the individual responsible for the spill/release or by the HM/HW Manager. The original shall be forwarded to the MCAGCC NREA, a copy to Safety and a copy filed with the HM/HW records in Materials Management.

8006. Containment and Cleanup Procedures For HM/HW Handlers.  
All clean ups shall be conducted under the direction of the HM/HW Manager. Procedures are as follows.

a. Acquire MSDS on product spilled to determine extent of hazard, appropriate clean up measures and PPE required for safe spill clean-up.

b. Wear all PPE recommended by the MSDS.

c. Turn leaking containers upright to minimize leakage and transfer substance from leaking container as soon as possible. Isolate leaking containers from intact containers.

d. Outdoor spills should be confined with absorbent materials (loose absorbent, socks, bags or pads) sand bags or diked before they can percolate into the soil or reach nearby drainage ditches. Contaminated soil at least 2" below the depth of penetration of the spill, all spill residue debris and contaminated materials should be removed immediately and containerized for subsequent disposal as a hazardous waste.

e. Inside spills should be confined with absorbent socks, absorbent pads/bags and the area well ventilated.

f. All hazardous material spills shall be cleaned up by methods recommended by the MSDS, properly containerized and labeled for subsequent turn-in to the HWAA as hazardous waste.

NAVHOSP29PALMSINST 4110.1A  
20 November 1996

g. Once containerized and labeled, spill clean up materials may be temporarily stored at the command overnight holding facility. Spill clean up materials shall be turned in as HW to the HWAA at the earliest opportunity.

APPENDIX A

SUBSTANCE SPILLS OR RELEASES	IS THE PRODUCT A KNOWN SUBSTANCE?	NO - - - > - - - > - - - - -	\
	YES		V
	V		
	IS PRODUCT LISTED AS AN EXTREMELY HAZARDOUS?	YES - - > - - - > - - - - -	V
	NO		\
	V		V
	SPILL GREATER THAN 5 GALLONS?	YES - > - - - > - - - > - - -	EVACUATE AREA SOUND ALARM
	NO		CALL 9-1-1 - STOP -
	V		
	SPILL GREATER THAN 1 GALLON?	YES - - > - - - > - - - - -	\
	NO		V
	V		
	MSDS AVAILABLE?	NO - - - > - - - - -	\
	YES		V
	V		
	SPECIAL HANDILING/ DISPOSAL REQ'D?	YES - - > - - - > - - - - -	V
	NO		\
	V		V
	IS PPE AVAILABLE?	NO - - > - - - > - - - - -	\
	YES		V
	V		
	ABSORBANTS AVAILABLE?	NO - - > - - - > - - - - -	CONTACT COMMAND HAZARDOUS MATERIAL MANAGER - STOP -
	YES		
	V		
	CLEAN UP SPILL - STOP -		

NAVHOSP29PALMSINST 4110.1A  
20 November 1996

APPENDIX B

HAZARDOUS SUBSTANCE INCIDENT REPORT LOG SHEET  
(Individual discovering Incident)

INITIAL INFORMATION REQUIRED:

Name of informant: \_\_\_\_\_

Location of spill: \_\_\_\_\_

Number of injured and type of injuries (if applicable): \_\_\_\_\_

\_\_\_\_\_

Substance Spilled: \_\_\_\_\_

Anticipated movement of spill and actions being taken: \_\_\_\_\_

\_\_\_\_\_

Time spill occurred (estimated): \_\_\_\_\_

Time notification received: \_\_\_\_\_

Other information: \_\_\_\_\_

IMMEDIATE NOTIFICATION SEQUENCE

Fire Department Phone: 9-1-1 Time \_\_\_\_\_

Provost Marshal Phone: 9-1-1 Time \_\_\_\_\_

MOSCDR Phone: X5200 Time \_\_\_\_\_  
(Director, NREA)



APPENDIX C

ENVIRONMENTAL DISCHARGE REPORT (EDR) For Reporting of Spills or Discharges	
MCAGCC NREA EDR FORM	FORM 1
SECTION A (For use by Reporting Party)	
1. From: (Reporter's name/phone) Naval Hospital 29 Palms	3. Dates (yy/mm/dd) a. Incident: b. Report filed:
2. To: NREA Directorate Building 1451	4. Reporters Spill Log ID#
5. Location of Incident: (be exact)	
6. Description of Incident:	
7. Discharger: a. Individual                      b. Organization                      c. Activity Naval Hospital	
8. Discharged to: AIR   GROUND   WATER   UNDERGROUND   TANK   POND OTHER:	
9. Discharged products: (common Name)	10. Estimated Qty (gal/lbs)
11. Site Contact: (Name/Phone)	12. Witness: (Name/Phone)
13. Signature/Date:(person making report)	14. Signature/Date: (witness)